DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 7/9/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	**TO FILE A COMPLAINT CALL** 262-446-7800

Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(i) and (3)(d), DCF 251.04(2)(L) and (3)(f)., DCF 252.41(1)(L) and (2)(k). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions identified in the statute and / or administrative rule. Public Schools may submit plans of correction however are not required to do so.

Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date(s) for each item. Return the original to your certification / licensing specialist for approval and retain a copy. If this is a licensed child care, post your copy of the noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.715. If the department decides to apply a statutory sanction and / or penalty for facts arising from this finding or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center	**Provider Number / Facility ID Number**
Original Queen Of Childcare	7000592517 / 001 - 2007664

Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
3239 N 33Rd St Milwaukee WI 532163851	262-455-6108	6/16/2026

	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	250.04(6)(a)1. **Child Record - Enrollment Information** Description: Child 1 had incomplete parent, authorized persons and emergency contact information available for review at the time of the monitoring visit.	Doubled check all forms to Make Sure All Areas are complete	7/8/2026	
2	250.05(4)(c)1. **Continuing Education - Requirement & Training Topics** Description: Staff B completed 12 out of 15 continuing education hours for the year 2025.	I will keep Note of my hours to avoid this issue again	7/8/26	

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3	250.06(2)(e) **Potential Source Of Harm On Premises** Description: There were plastic bags located under the changing table accessible to children in care, as a potential suffocation hazard. In the outdoor playspace, there was night shade and thorns accessible to children in care.	Will do hourly checks to make sure None hazardous items are laying around	7/8/2026	
4	250.06(3)(b) **Emergency Plans - Practice** Description: Fire and tornado drills were not documented for the month of May 2026.	~~Will do daily~~ Reminder alarms have been set to Avoid not documenting	7/8/2026	

NAME - Agency Worker
Mindi Sabljak, Rhonda Brueggemann

Date Issued
6/30/2026 7/8/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
7/8/2026